# Articles

# Screening Mammography Reports
## Toward Clear, Concise Clinical Descriptions

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The American College of Radiology (ACR) has led the way in certifying the quality of mammography units in the United States. Beginning in 1987, the ACR, using detailed technical evaluation including actual mammography film evaluation, has accredited more than 5,000 of the estimated 11,000 mammography units in operation in the United States. In addition, continuing medical education in mammography has been given by the ACR to more than 11,000 of the estimated 31,000 radiologists practicing in this country. This is notable progress toward ensuring the availability of quality screening mammography. These quality-assurance programs by the ACR are continuing to reach even larger numbers of mammography units and the radiologists who interpret the mammograms.

Until now, however, the mammography report—the crucial communication link between the clinicians and the radiologists—was left to the devices of the radiologists dictating the report. Particularly with screening mammography, lengthy, ambiguous reports without a clear clinical conclusion and recommendation confused and often frustrated clinicians ordering the mammograms and created problems in patient management. The ACR's *Breast Imaging Reporting and Database System* should eliminate this confusion and frustration for both clinicians and radiologists.

Responding to the recognized need and a barrier to the widespread use of screening mammography, the ACR formed a panel of nationally recognized expert mammographers and sought input from primary care providers for women, other physicians, interested government and nongovernment institutions and organizations, and women themselves. The penultimate ACR document was presented and freely discussed at a workshop, partially supported by the Centers for Disease Control, the National Cancer Institute, and the US Food and Drug Administration, on November 7 and 8, 1991, in Washington, DC. The final document should be widely distributed soon.

*Breast Imaging Reporting and Database System* provides a standardized lexicon and format for concise, clear mammography reports. The recommended report organization is as follows:

- A succinct description of the overall breast composition;
- Significant findings and modifiers;
- Size of the significant lesion;
- Associated findings;
- Clinical location;
- Overall assessment;
- Future action.

The recommended final assessments are as follows:

- No evidence of malignancy;
- Benign findings;
- Probably benign finding—short interval follow-up;
- Suspicious abnormality for which a biopsy should be considered;
- High probability of breast cancer.

Using the approved, precise terminology, the mammography reports should describe the breast composition (density), masses (measured size, shape, margins, density, and location), calcifications (type, morphology, probable cause, distribution, and location), and any associated findings.

Using this protocol and lexicon, a sample mammography report for screening might be,

> The present examination is compared to previous mammograms: the breast is all fat; no masses, significant calcifications, or other findings are seen.
> *Assessment:* There is no mammographic evidence of malignancy.

and for a patient with a mammographically detected mass,

> The breast is almost entirely fat. There is a 7-mm irregular spiculated mass in the anterior 11 o'clock region of the right breast. No other abnormalities are identified.
> *Assessment:* There is a malignant-appearing lesion in the right breast.

It is further stated, "The radiologist may wish to include a recommendation for the interval until the next routine study." Most clinicians would welcome this follow-up recommendation.

The ACR data-base system contains an extensive coding system for the clinical information, mammography report, and histologic diagnosis that can form a standardized, computer data base. This would permit the rapid, accurate interchange and meaningful analysis of the mammographic data. The clinical research potential is exciting and could respond to the multitude of currently unanswered questions about screening and diagnostic mammography.

In the future, the ACR Breast Imaging Committee will evaluate producing the *Breast Imaging Reporting and Database System* computer software for use in physicians' offices. This should greatly facilitate accurate record keeping and consistent follow-up. Another issue is the information that goes directly to the patient. Because an increasing number of women now request screening mammography directly, a report in lay language with minimal potential for misinterpretation should go to the patient. Some primary care providers prefer to have their patients who have screening mammograms that do not reveal any significant abnormality receive a report directly from the radiologist with a copy to the physi-

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cian's office for filing in the patient's medical record. Many mammography centers routinely send "well letters" to patients when no abnormality is noted. Should the patient receive an exact copy of the entire mammography report or a modification in lay terms? This and similar questions are currently being explored by the ACR Breast Imaging Committee.

All of this is good news to professionals providing health care to women and to all women having screening mammography. Educating professionals and laypersons with clear, concise communication is essential to the success of the goal that all women in the United States older than 35 years have initial screening mammography and continue to have annual screening mammograms after age 40.

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## DOWAGER'S HUMP

From the balcony
  I watch the choir proceed
up the aisle like two lines
  of twisted trees,
silver tops sway
  from side to side,
as each step uproots them,
  wobbles them towards the risers.

They fear falling, these women,
  fear the cause of a fall,
bone snapping in midair
  to rearrange their years.

I see several with dowager's hump;
  anyone could be my mother
with a twisted "S" for a spine
  hidden under her clothes,

and I want to run home, swallow
  calcium, walk, stretch,
do whatever can be done, today,
  to avoid their paralyzing posture.

Mother said it was rickets,
  her childhood disease, or
was it the lack of fruit?
  lack of milk?
when no one knew about vitamins,
  and no one ever said
you're part of the universe,
  made of the same stuff,
iron and zinc and calcium
  and when something's missing
the rock crumbles,
  trees tumble,
stars disappear,
  or one hip shifts out of line,
shoulders pitch forward
  and mother cries
before the dressing room mirror.

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